water, or any other recipient, gives a perfectly stable preparation.—*Edinb. Med. Journ.*, Oct. 1861, from *Journal de Médecine et de Chirurgie Pratiques*, September, 1861.

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30. *Treatment of Earache.*—M. EMILE DUVAL says that he has, in person, found relief in severe earache, after other means had been tried in vain, from the use of a mixture of equal parts of chloroform and laudanum; a little being introduced on a piece of cotton. The first effect produced is a sensation of cold; then there is numbness, followed by scarcely perceptible pain and refreshing sleep.—*Gaz. Méd. de Lyon*, 1 July, 1861.

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31. *Researches on Resuscitation.*—Dr. B. W. RICHARDSON read before the Physiological Section of the British Association for the Advancement of Medical Science, at its late meeting, an account of his researches on resuscitation. He stated that "the idea of the possibility of restoring life after some forms of death was noticed by the Greeks, by Roger Bacon, by Harvey, by Stahl, and by Hunter. The author should define death as a condition in which respiration and the heart-beat had ceased. The only forms of death in which means of resuscitation could be used are those in which it had occurred without injury to the structures of the body—such as drowning, the inhalation of chloroform, sudden death, and suffocation by carbonic acid. The methods employed for resuscitation are artificial respiration, galvanism, injection of fluids into the bloodvessels, and artificial circulation. Dr. Richardson gave the results of sixty cases, in which simple air was used; and of experiments in which oxygen, peroxide of hydrogen, chlorine, heated air, or ozone were employed. The great point brought out was that the inhalation of air at 130° materially favoured the restoration of life when the heart had not stopped; and the author suggests that in all receiving-houses for persons apparently dead, a heated air-bath shall be kept ready. When the heart has quite ceased to beat, no artificial respiration can be of any avail. Galvanism was first used by Aldini. It could be employed for one or two purposes, such as starting respiration or the heart; but up to the present time, as employed, it has been an entire failure, and as it excites muscle, it is worse than useless, and should not be applied. The idea of injecting the bloodvessels was first thrown out during the sixteenth century; and it has been shown by recent inquiry that the injection of blood into animals even when stiffened by death, will reproduce muscular action. The author discovered that warm water will produce the same effect. The difficulties consist, as regards blood, in obtaining it; and in the case of water, in the fact that it decomposes blood after a time. The author has tried various other agents of injection, such as oxygen and the peroxide of hydrogen; but these failed from physical reasons. The author's last plan was a method of starting mechanically the blood in the dead body, or of artificial circulation. There are three methods by which this can be attempted; but they have as yet been operations of too formidable a nature to be used practically. The author's conclusions are: In cases of suspended animation, if a patient breathe at all, place him in warm air and give plenty of it; but do not meddle further. If respiration has ceased, set it up by means of bellows and warm air; continue this for fifteen minutes if necessary; for the heart may not have ceased to act, and, if not, the operation often succeeds. The common practice of using galvanism or electricity in an empirical way is unadvisable and often dangerous. The great desideratum is an improved method of producing an artificial circulation of blood, and so supplementing the heart."—*Brit. Med. Journ.*, Oct. 5, 1861.

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32. *A Peculiar Form of Obstinate Vomiting in Children.*—Dr. LOMBARD, of Geneva, in a paper read before the Medical Society of that city, stated that in the course of thirty-one years' practice he has met with seven or eight cases of a singular gastric disorder in children aged from five to twelve years. The characteristic symptom of the disease is incessant vomiting, coming on without evident cause, in apparently the best health, and repeated every quarter or half hour. The vomited matter is purely watery, with some glairy filaments; it contains no bile, blood, nor food. The quantity diminishes from the commencement of the

attack; and when the vomiting continues several hours, mucus alone is at last expelled after much effort. The attacks of vomiting are accompanied and followed by intense thirst, retraction of the abdomen, considerable feverishness, and obstinate constipation. Their duration rarely exceeds forty-eight hours; they generally end in eighteen or twenty-four hours. The vomiting is generally accompanied by paleness, loss of flesh, and an appearance similar to that which is observed in cholera. The disorder has generally appeared between the sixth and seventh years of age; it seems to diminish in intensity as time advances, and rarely lasts beyond the twelfth or fourteenth year. There is a remarkable tendency in the disease to repetition; all Dr. Lombard's patients had attacks at intervals of a few weeks during several years; and in one, in whom the paroxysms were always very severe, they lasted until his eighteenth year, when, although he had been for some time free from the disorder, he was seized with incessant vomiting at the commencement and during the first stage of measles. The effect produced on nutrition is remarkable. Most of the patients remained thin, pale, and weak for a number of years; in two girls, who were under Dr. Lombard's observation many years, anæmia was so intense that there was anasarca, not only of the limbs but also of the trunk and face; and yet there was neither diarrhœa, albuminuria, nor cough; nor could the most careful examination detect any organic lesion. One case only proved fatal, in a child aged seven or eight years. At the *post-mortem* examination, the mucous membrane of the stomach was found to be perfectly healthy, without redness, softening, ulceration, or erosion; the intestine, peritoneum, and mesenteric glands were also healthy, as were also the other abdominal organs. In the treatment, Dr. Lombard has tried opiates, bismuth, nux vomica, iced milk or water, ice in pieces, and sinapisms or opiate poultices to the abdomen; but nothing has succeeded so well as total abstinence from drink or medicine. Resisting the entreaties of the patient for drink, he allows nothing to be introduced into the stomach. When the violence of the attack is somewhat assuaged, a teaspoonful of iced water may be given at long intervals, the quantity being increased to a tablespoonful; and when there has been no vomiting for eight or twelve hours, cold chicken-broth or milk may be given by spoonfuls. Great care is required in managing the administration of food; as relapses are likely to occur when it is given too rapidly or in too substantial a form. Enemata are generally required during convalescence; and, if these fail, some mild evacuant, such as castor oil or manna, should be given. With regard to the pathology of the affection, Dr. Lombard says that it is evidently not a gastric inflammation; for such a condition would not disappear so completely in the intervals between the attacks as to allow the patient to regain a certain amount of strength and *embonpoint;* besides which, the total absence of inflammatory lesion in the necropsy of the fatal case contradicts the idea of inflammation. It is not the chronic catarrh of the stomach of MM. Rilliet and Barthez; the milder form of which is characterized by alternations of constipation and diarrhœa; and the more severe by a permanent intolerance of food; nor can the vomitings be considered as purely spasmodic, or the result of a gastric neuralgia.—*Gazette Médicale de Paris*, 18 May, 1861.

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33. *Serous Collections in the Female Pelvis.*—M. Demarquay describes (*Gaz. Méd. de Paris*, August 31, 1861) a form of serous collection in the pelvis, connected with non-puerperal recto-peritonitis, or rather with serous pelvi-peritonitis. The true nature of these collections has, he says, been mistaken by other authors. A case in illustration is recorded. A woman came under M. Demarquay's care, on account of the sequelæ of a severe attack of metro-peritonitis. She was found to have a collection of serum in the pelvis. The uterus and bladder were pushed forwards, the rectum backwards; and the functions of these organs were notably impeded. Five hundred and twenty *grammes* of a yellow fluid were removed by a trocar, and the cavity was injected with a solution of iodine. The patient recovered perfectly. The fluid resembled closely the serum of the blood; and M. Demarquay believes that it was effused into the *cul-de-sac* of the peritoneum between the uterus and rectum, inflammation having extended to this part from the uterus. The diseases with which this serous col-